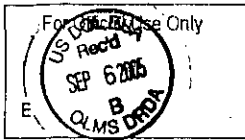


AMENDED REPORT
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5354	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name BRIAN PETRONEILA P.O. Box, Bldg., Room No., if any UNIT 18 Street 21 LINDEN PLACE City NORWALK State CT ZIP Code + 4 06851	4. Name, file number, and address of labor organization. Name UPCW LOCAL No. 371 Labor Organization File Number 625-718 P.O. Box, Building and Room Number, if any P.O. Box 470 Street 290 POST ROAD WEST City WESTPORT State CT ZIP Code + 4 06881-6470
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. N/A	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. COPY

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 8-18-06 Date (203) 226-4751 Telephone Number

Name of Person Filing BRIAN PETRONELLA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **UFCW NATIONAL PENSION FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 11102**

Street

City **CHICAGO**

State **IL** ZIP Code - 4 **60611-0102**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

11.a. Nature of such dealing.

TRUSTEE EXPENSES COVERED BY UFCW NATIONAL PENSION FUND. THESE ARE EXPENSES FOR ATTENDING MEETINGS AND CONFERENCES AND INCLUDE THE COST FOR LODGING, AIRFARE, CAR RENTAL AND MEALS.

11.b. Approximate dollar value of such dealing.

13190

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETRONELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ZENITH ADMINISTRATORS INC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 2600**Street **546 NORTH FAIRBANKS COURT**City **CHICAGO**State **IL** ZIP Code + 4 **60611**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State **IL** ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE EXPENSES COVERED BY ZENITH ADMINISTRATORS INC. THESE ARE EXPENSES FOR ATTENDING MEETINGS AND CONFERENCES AND ARE FOR MEAL EXPENSE.

11.b. Approximate dollar value of such dealing.

772

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State **IL** ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETRONELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOSTON PARTNERS ASSET MANAGEMENT**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **21ST FLOOR**

Street **28 STATE STREET**

City **BOSTON**

State **MA** ZIP Code + 4 **02109**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE EXPENSES COVERED BY BOSTON PARTNERS
THESE ARE EXPENSES FOR ATTENDING MEETINGS
AND CONFERENCE AND ARE FOR MEAL EXPENSE**

11.b. Approximate dollar value of such dealing.

408

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETROWELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LAZARD FRERES ASSET MANAGEMENT**Trade Name, if any: P.O. Box, Bldg., Room No., if any **5TH FLOOR**Street **30 ROCKEFELLER PLAZA**City **NEW YORK**State **NY** ZIP Code + 4 **10020**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

N/AName Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE EXPENSES COVERED BY LAZARD FRERES
THESE ARE EXPENSES FOR ATTENDING MEETINGS AND
CONFERENCE AND ARE FOR MEAL EXPENSE**

11.b. Approximate dollar value of such dealing.

119

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

N/A

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETRONELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OPPENHEIMER CAPITAL**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **345 AVENUE OF THE AMERICAS**City **NEW YORK**State **NY** ZIP Code + 4 **10105-4800**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**EXPENSES COVERED BY OPPENHEIMER CAPITAL
THESE ARE EXPENSES FOR ATTENDING MEETINGS
AND ARE FOR MEAL EXPENSE**

11.b. Approximate dollar value of such dealing.

108

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETRONELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ALLIANCE CAPITAL MANAGEMENT, LLP**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **345 AVENUE OF THE AMERICAS**City **NEW YORK**State **NY** ZIP Code + 4 **10105**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

EXPENSES COVERED BY ALLIANCE CAPITAL MANAGEMENT, LLP. THESE ARE EXPENSES FOR ATTENDING MEETINGS AND ARE FOR MEAL EXPENSES.

11.b. Approximate dollar value of such dealing.

26

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **BRIAN PETRONELLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **STOP & SHOP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **PO BOX 1942**

Street

City **BOSTON**State **MASS** ZIP Code + 4 **02105**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer10. If 9.b. or 9.c. is checked give trust or employer's name. **N/A**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

00

12.a. Nature of interest held or income received.

12.b. Amount.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. **N/A**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Weiser LLP
Certified Public Accountants

3000 Marcus Avenue
Lake Success, NY 11042-1066
Tel 516.488.1200
Fax 516.488.1238

www.mrweiser.com

TAX RETURN TRANSMITTAL

Date: August 10, 2005

Name: Brian Petronella

Return: Form LM-30

Period covered: 2004

**To be signed and
Dated by:** Brian Petronella

Amount of tax: None

Make check payable to: N/A

**Mail tax return and
Check to:**
US DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF LABOR MANAGEMENT STANDARDS
200 CONSTITUTION AVE. NW RM N5616
WASHINGTON, DC 20210-0001

Date Due: AUGUST 15, 2005

Copies: The enclosed copy is for your files.

We recommend that you use certified mail with post-marked receipt for proof of timely filing.